

#### City of Chelsea

# DEPARTMENT OF LICENSING, PERMITTING AND CONSUMER AFFAIRS City Hall, 500 Broadway Chelsea, Massachusetts 02150

Telephone: (617) 466-4160 Fax: (617) 466-4165 dclayman@chelseama.gov

#### FORTUNE TELLER LICENSE APPLICATION

	Date
Name of business:	
Business address:	
Business telephone #:	
Name of owner:	
Home address:	
D/Birth:	Social Security No:
Home telephone #:	
Hours of operation:	
	Signature
	Federal Tax ID Number

## Return this application to Deborah A. Clayman, Licensing Director, City Hall, 500 Broadway, Chelsea, MA, with the following:

- 1) Affidavit of Tax Compliance;
- 2) Copy of Business Certificate;
- Affidavit of Residency;
- 4) \$25 application fee (payable to the City of Chelsea by check or money order).

Upon receipt of application, public hearing will be scheduled (not applicable for renewals).

### Upon approval of application, applicant is required to submit the following:

- License fee in the amount of \$50, payable to City of Chelsea by check or money order only;
- 2) A certificate of insurance showing workers compensation insurance in effect as of the date of issuance of a license or complete and return the enclosed Certificate of Compliance.

### AFFIDAVIT OF RESIDENCY (In accordance with M.G.L., c. 140, sec. 1851)

Ι,	, of	
	, do hereby	
certify that I reside at the above	-stated address and have	
resided there since	, 20	
	Signature	
	Date	
COMMONWEALTH OF	MASSACHUSETTS	
Suffolk, SS.	, 20	
	the above-named	
Then personally appeared before me the above-named and acknowledged the foregoing		
instrument to be his/her free act	and deed.	
	Notary Public	
	My commission expires:	